

COUNTY OF SAN LUIS OBISPO ENVIRONMENTAL HEALTH SERVICES

CHLORINE DISINFECTION DATA

System Name: _____ System No. _____

Source of Information _____

Collected By: _____ Date: _____

Type of Disinfectant Used:
Application:
Water treated (raw, filtered, etc.):
Oxidant Demand Character:
Point of application:
Mixing:
Contact time (minutes):
Minimum contact time before residual test:
Water flow variation:
Average daily:
Maximum daily:
Peak hourly flow:
Machine:
Make:
Type:
Capacity:
Condition:
Housing:
Insulation:
Heating:
Chemical Added: % available disinfectant, Form:
Cylinder or crock capacity:
Stock on hand:
Operation and Maintenance:
Spare parts on hand:
Ability to make repairs:
Equipment inspection frequency:
Residual tests:
Test made: (DPD, etc.)
Type of instrumentation:
Continuous/Grab:
Where test made:
Type: (Total, Free, Combined, Other)
Records:
Frequency of equipment calibration:
Reliability features:
Auxiliary power:
Automatic switchover:
Condition of scales: (if any)
Alarms:
Defects or Remarks: